



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400002

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IN SEASON RESTAURANT INC.

DOING BUSINESS AS BR'S MONPONSETT INN

ADDRESS 550 MONPONSETT ST.

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: LATINI, GEORGE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF ONE FLOOR-DINING ROOM/LOUNGE; TWO FUNCTION ROOMS;
OUTDOOR DECK WITH SEASONAL BAR-APPROXIMATELY 13,479 SQUARE FEET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400004

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALIFAX INVESTMENTS INC.

DOING BUSINESS AS COUNTRY CLUB OF HALIFAX

ADDRESS 100 COUNTRY CLUB DRIVE

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: PECK, JOSEPH G. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT, LIQUOR STORAGE ROOM, LADIES AND MENS ROOMS, LOCKER ROOMS, MAIN FLOOR; BANQUET HALL, LOUNGE, BAR, ONE PORTABLE BAR, RESTROOMS COATROOM AND KITCHEN. 3 ENTRANCES. 3RD LEVEL: BRIDESROOM AND 2 RESTROOMS. SUNDECK. MAIN LEVEL HAS PATIO DECK, LOUNGE ATTACHED TO EAST SIDE OF BLDG

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400007

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAWAII GARDEN INC.

DOING BUSINESS AS HAWAII GARDEN REST.

ADDRESS 00300E PLYMOUTH STREET

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: WONG, CRISTO
YING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON THE GROUND FLOOR WITH 2 DINING ROOMS, 1 LOUNGE 4 RESTROOMS, KITCHEN
AND STORAGE ROOM.

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400008

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PED. LTD

DOING BUSINESS AS ALL SEASONS RESTAURANT AND SPORTS LOUNGE

ADDRESS 327 PLYMOUTH STREET

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: DOUCETTE, JOHN TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM ON LEFT SIDE, BAR AND LOUNGE ON RIGHT SIDE; ONE FRONT
ENTRANCE, ONE SIDE ENTRANCE, ONE REAR EXIT. ENCLOSED PATIO

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400009

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AWLGS LLC

DOING BUSINESS AS LINDY'S GENERAL STORE

ADDRESS 134 HOLMES ST

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: WORRALL, ADAM TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF ONE FLOOR AND TWO ROOMS

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400011

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALIFAX LAKE STREET, INC.

DOING BUSINESS AS HARMONY TWO LIQUORS

ADDRESS 284 MONPONSETT STREET

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: TONELLO, JOSEPH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4,800 SQ. FT. STORAGE AND RETAIL SPACE; CUSTOMER ENTRANCE AT FRONT;
DELIVERY DOOR AND LOADING DOCK IN REAR.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400019

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JENISH CONVENIENCE INC.

DOING BUSINESS AS HALIFAX MOBIL

ADDRESS 576 PLYMOUTH ST

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: PATEL,
MAHENDRAKUM
AR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GAS STATION AND CONVENIENCE STORE. FIRST FLOOR HAS ONE ENTRANCE/EXIT AT FRONT AND ONE AT BACK FOR DELIVERIES; SIX DOOR WALK IN COOLER; STORAGE ROOM. SECOND FLOOR HAS PRIVATE RESTROOM AND OFFICE

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400020

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EVERGREEN BEVERAGE COMPANY

DOING BUSINESS AS TWIN LAKES LIQUOR AND CONVENIENCE

ADDRESS 655 MONPONSETT

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: MURPHY,
FRANCIS J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES AREA APPROX. 2,000 SQ. FT. STORAGE AREA: 260 SQ. FT. EGRESS IN FRONT & REAR OF BLDG.

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400021

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNIT 5 BAR,LLC

DOING BUSINESS AS THE TEE BOX

ADDRESS 284 MONPONSETT ST

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: DODERA,
FRANCIS

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1,800 SQ. FT. UNIT CONSISTING OF ONE LOUNGE AREA ONE POOL TABLE AREA, AND THREE GOLF SIMULATOR AREAS; UNIT HAS ONE ENTRANCE/EXIT ATTACHED TO A HALLWAY WITH THREE ENTRANCES/EXITS INCLUDING ONE HANDICAP ENTRANCE/EXIT.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400023

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D'S GRILLE 58 LLC

DOING BUSINESS AS D'S GRILLE 58

ADDRESS 284 MONPONSETT STREET UNIT #4

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: TROTTA, DEBRA L. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF DINING ROOM, LOUNGE HOSTESS AREA, WAITING AREA, KITCHEN, TWO STORAGE AREAS, TWO RESTROOMS-APPROX. 2348 SQ. FT. ONE EGRESS IN BACK, ONE EGRESS ON LEFT SIDE. ALTER PREMISE FROM 2,348 SQ. FT. TO 3,848 SQ. FT. CONTINGENT UPON OCCUPANCY PERMIT AND SAFETY INSPECTION CERTIFICATE FOR ADDITION.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400024

CITY OR TOWN HALIFAX

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLA'S PIZZERIA II LLC

DOING BUSINESS AS BELLA'S PIZZERIA II SEAFOOD & GRILLE

ADDRESS 319 PLYMOUTH STREET

CITY/TOWN: HALIFAX

STATE: MA

ZIP CODE: 02338

MANAGER: MUSCOLINO,
ANTHONY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF DINING AREA, KITCHEN, TWO STORAGE AREAS, TWO
RESTROOMS, ORDER COUNTER FOR PIZZA AND ONE FOR MARKET-APPROX. 3400 S.F.
TWO EGRESSES IN FRONT (LEFT AND RIGHT) AND TWO EGRESSES IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

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DATE:
